Cabotegravir/Rilpivirine Order Form

H Pharmacy Services				Date		
	Building					
	th Street, Room S-45					
	id, VA 23219		_			
e: (8	804) 786-4326 Fax: (804	1) 371-0236	5			
1. (Client Name			_ Date of	Birth	
2.]	Delivery Site					
S	Site Name			_		
P	Address:					
_	Street Address			_		
-	City	State	Zip Code	_		
	Agent Submitting Order For	rm				
N	Jama					
_	Name					
F	Phone #					
F	N1 //					
F	Phone #			Check appro	priate box	
F F 4. N	Phone #			Check appro	priate box	
F F 4. N	Phone # Fax # Medication Requested			Check appro	priate box	
F F 4. N	Phone # Fax # Medication Requested		ection		priate box Dose 1 or 2	
F F 4. N	Phone # Fax # Medication Requested Order 14 days before next sch	neduled inj	ection			
F F 4. N	Phone # Fax # Medication Requested Order 14 days before next sch Initiation Injection(s) Date of next scheduled in	neduled inj jection	ection 600	Omg/900mg		
F F 4. N	Phone # Fax # Medication Requested Order 14 days before next sch Initiation Injection(s)	jection	600 600 600	Omg/900mg		
F F 4. N	Phone # Fax # Medication Requested Order 14 days before next sch Initiation Injection(s) Date of next scheduled in Monthly Continuation Date of next scheduled in	jection Injection	600 600 400	Omg/900mg Omg/600mg		
F F 4. N	Phone # Fax # Medication Requested Order 14 days before next sch Initiation Injection(s) Date of next scheduled in Monthly Continuation	neduled inj jection Injection jection	600 600	0mg/900mg 0mg/600mg mg/900mg		
F F F 4. M	Phone # Fax # Medication Requested Order 14 days before next sch Initiation Injection(s) Date of next scheduled in Monthly Continuation Date of next scheduled in Date of next scheduled in Date of next scheduled in	jection jection jection jection jection	600	Omg/900mg Omg/600mg mg/900mg		
For Fore:	Phone # Fax # Medication Requested Drder 14 days before next sch Initiation Injection(s) Date of next scheduled ing Monthly Continuation Date of next scheduled ing 2 month Continuation Date of next scheduled ing	jection Injection jection jection jection jection	ection 600 400 600	Omg/900mg Omg/600mg mg/900mg	Dose 1 or 2	